

**Declaration and Power of Attorney
Under Patent Cooperation Treaty
35 USC §371(c) (4)**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled: OPTICAL DISK, OPTICAL RECORDER, OPTICAL REPRODUCER, CRYPTOCOMMUNICATION SYSTEM AND PROGRAM LICENSE SYSTEM described and claimed in International application number PCT/JP96/02924 filed 8 October 1996 and as amended on _____ (if any), the specification and claims of which I have reviewed and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

Japanese Patent Appln. No. 7-261247 filed October 9, 1995;
Japanese Patent Appln. No. 8-008910 filed January 23, 1996; and
Japanese Patent Appln. No. 8-211304 filed August 9, 1996.

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the patent office:

Roger W. Parkhurst (Reg. No. 25,177), Charles A. Wendel (Reg. No. 24,453) and/or Stephen P. Burr (Reg. No. 32,970)

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO
PARKHURST, WENDEL & BURR, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia, 22314-2805
Telephone (703) 739-0220.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Full name of Sole or First Inventor	Mitsuaki	OSHIMA		
	Given Name	Middle Initial	Family Name	
4 Inventor's Signature				
Date of Signature	May 29, 1997	Month	Day	Year
6 Residence	Kyoto-shi	Kyoto	Japan	
	City	State or Province	Country	
7 Citizenship	Japanese .			
8 Post Office Address (Insert complete mailing address, including country)	115-3, Katsura-minamitatsu-cho, Nishikyo-ku, Kyoto-shi, Kyoto 615 JAPAN.			

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

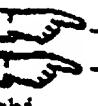
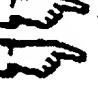
PAGE OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3	Typewritten Full Name of Second Joint Inventor (if any)	Given Name	Middle Initial	Family Name
4	Inventor's Signature	Yoshiho Gotoh		
5	Date of Signature	Month	Day	Year
6	Residence	City	State or Province	Country
7	Citizenship	Japanese		
8	Post Office Address (Insert complete mailing address, including country)	4-9-17-201, Higashi-Nakahama, Jyouto-ku, Osaka-shi, Osaka 536 JAPAN.		
3	Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name
4	Inventor's Signature	Shinichi Tanaka		
5	Date of Signature	Month	Day	Year
6	Residence	City	State or Province	Country
7	Citizenship	Japanese		
8	Post Office Address (Insert complete mailing address, including country)	1-42-14, Yamate-higashi, Tanabe-cho, Tuzuki-gun, Kyoto 610-03 JAPAN.		
3	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
4	Inventor's Signature	Kenji Koishi		
5	Date of Signature	Month	Day	Year
6	Residence	City	State or Province	Country
7	Citizenship	Japanese		
8	Post Office Address (Insert complete mailing address, including country)	3-56-8, Keyakidai, Sanda-shi, Hyogo 669-13 JAPAN.		
3	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
4	Inventor's Signature	Mitsurou Moriya		
5	Date of Signature	Month	Day	Year
6	Residence	City	State or Province	Country
7	Citizenship	Japanese		
8	Post Office Address (Insert complete mailing address, including country)	1-29, Hikarigaoka 3-chome, Ikoma-shi, Nara 630-01 JAPAN.		

* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

PAGE OF U.S.A. DECLARATION FORM
 (Discard this page in a sole inventor application)

3 Typewritten Full Name of Joint Inventor (if any)	Given Name	Middle Initial	Family Name
Yoshinari Sixth	Yoshinari		TAKEMURA
4 Inventor's Signature	 Yoshinari Takemura		
5 Date of Signature	Month	Day	Year
6 Residence	Settu-shi	Osaka	Japan
7 Citizenship	Japanese		
8 Post Office Address (Insert complete mailing address, including country)	2-8-11, Befu, Settu-shi Osaka 566 JAPAN.		
3 Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name
4 Inventor's Signature			
5 Date of Signature	Month	Day	Year
6 Residence	City	State or Province	Country
7 Citizenship			
8 Post Office Address (Insert complete mailing address, including country)			
3 Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
4 Inventor's Signature			
5 Date of Signature	Month	Day	Year
6 Residence	City	State or Province	Country
7 Citizenship			
8 Post Office Address (Insert complete mailing address, including country)			
3 Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
4 Inventor's Signature			
5 Date of Signature	Month	Day	Year
6 Residence	City	State or Province	Country
7 Citizenship			
8 Post Office Address (Insert complete mailing address, including country)			

* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.